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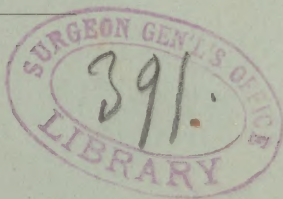
A CASE OF
ABSENCE OF THE BLADDER.

BY

JOHN T. WINTER, M.D.,

Washington, D. C.

[Reprinted from the AMERICAN JOURNAL OF OBSTETRICS AND DISEASES
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(With colored Plate.)

THIS child, Mamie F., now eight years old, is the offspring of a healthy mother and a whiskey-soaked father. She was always well as an infant, but it was remarked even then that she was constantly wet. No attention was ever given to the parts until the child was nearly two years old, when, in consequence of an almost constant bearing-down pain, causing prolapsus of the rectum, an examination was made, and then for the first time the malformation was discovered.

The meatus urinarius, vestibule, and labia minora are entirely absent. The labia majora are imperfectly formed, consisting simply of little folds of skin, about an inch long; about an inch and a half apart posteriorly, and about two inches apart anteriorly.

The ureters discharge externally, just inside of the anterior edge of these little folds of skin, nearly two inches apart.

The pubis is considerably depressed, and has a soft feel, as if it might be cartilaginous.

During the first examination, six years ago, a tumor was found protruding partly, during a pain, through this imperfectly formed vulva, which would be drawn into the vagina again as the pain would wear off. After several weeks of this kind of suffering, the tumor, about as large as a hulled walnut, was

¹ Case exhibited before the Washington Obstetrical and Gynecological Society, April 6th, 1888.

found to remain extruded all the time, and the bearing-down pain to be almost continuous. The tumor was removed, and as the paternal grandmother had just died of uterine cancer, it was submitted to microscopic examination, and was at first reported to be cancer, but was afterwards thought to be composed of bladder epithelium.

After the removal of the tumor, the bearing-down pain ceased, and the rectum was prolapsed only when the child would strain hard at stool. This improved condition lasted for about one year, when it was found that the tumor had returned, with the bearing-down pain, prolapsus of rectum, etc. In making an examination at this time, now five years ago, I pushed the tumor back into the vagina, carrying it up the whole length of my finger, and was surprised to find that the bearing-down pain was entirely relieved. I have seen but little of this child for the last five years, but am informed that, although she occasionally has the bearing-down pain, the tumor has not returned.

There is now, as there always has been, a constant dribbling of urine, and an almost constant inflammation of the parts.

The external orifices of the ureters can be seen quite plainly in the accompanying colored plate.

